State of Palestine
Nutrition
Cluster

SoP Nutrition Cluster Meeting

03 September 2025

Agenda

Agenda Item	Time
Introduction and follow up of actions points	1300hrs – 1310hrs
Rapid overview IPC analysis and action points	1310hrs – 1320hrs
SC expansion plan – WHO Famine response plan – UNICEF	1320hrs -1400hrs
Introduction of the CVA for nutrition consultancy (Gaza and West Bank)	
Gaza update • CATI update • Point on MUAC updates	1400hrs -1430hrs
AOB and partners updates	

State of Palestine Nutrition Cluster

Previous Pending action points

Action	By Whom	By When	Status
Coordinate with WHO to finalize screening/discharge strategy for 5+ children	Cluster team	July	In progress
Partners to submit updated functionality status for all service delivery sites Consolidate functionality status into the Dashboard	Cluster team	Continue	Consolidation - Need to add wash data
3W 5W CMAM quality meeting to take place next week	Cluster team		Done – recording available
Inception workshop to launch FNG analysis, MOH will convene stakeholders by Oct 2025.	MOH/ WFP	26/08	
PBW Data for August to be presented on the 3rd of September	Cluster team		Discussion with NIS TWG
Draft revised TSFP protocol including adolescent girls and infants 6-11 months	WFP/Cluster		
First advocacy & communications coordination meeting - to take place by end of August	Cluster team	22/06	Done - TBC

State of Palestine
Nutrition
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Gaza Update

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GAZA STRIP: Famine confirmed in Gaza Governorate, projected to expand

1 July - 30 September 2025

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- A joint IPC Acute Food Insecurity (AFI) and Acute Malnutrition (AMN) analysis for the Gaza Strip was conducted remotely from 30 July to 4 August 2025. Led by the IPC Global Support Unit, the exercise involved approximately **50 experts from 19 organizations**.

- The analysis followed standard IPC protocols and culminated in a review factoring in data and information available **up to 15 August 2025** by the Famine Review Committee (FRC), whose conclusions were adopted and are reflected in the IPC snapshot and FRC report released on 22 August. The full IPC analysis report will be published in the coming weeks.

- **Rafah** was not analysed given indications that it is largely depopulated according to the latest figures from operational actors.

- **North Gaza** was not classified due to lack of data to meet IPC minimum evidence requirements.

- Multiple data sources - **Food security outcomes** were based on two assessments from different sources, using Computer Assisted Telephone Interviews (CATI), supplemented by trends in food consumption indicators. Global Acute Malnutrition (GAM) based on Mid-upper arm circumference (MUAC) collected in the field using comprehensive screenings was provided for **nutrition** analysis. In the absence of reliable mortality data, data on public health & other contextual information were used to assess **mortality** trends for each area as per IPC protocols. Additional data on **contributing factors** – ex: conflict, displacement, commodity flows, market access & prices, water & sanitation, and health & nutrition services - were also

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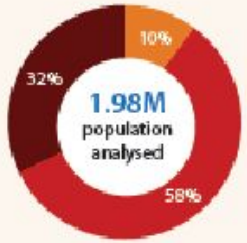
Projected Acute Food Insecurity | 16 August - 30 September 2025

1.98M IPC Phase 3 or above

- **198,000** IPC Phase 3 Crisis
- **1.14M** IPC Phase 4 Emergency
- **641,000** IPC Phase 5 Catastrophe



1 - None
2 - Stressed
3 - Crisis
4 - Emergency
5 - Catastrophe

Acute Malnutrition | 1 July 2025 - 30 June 2026

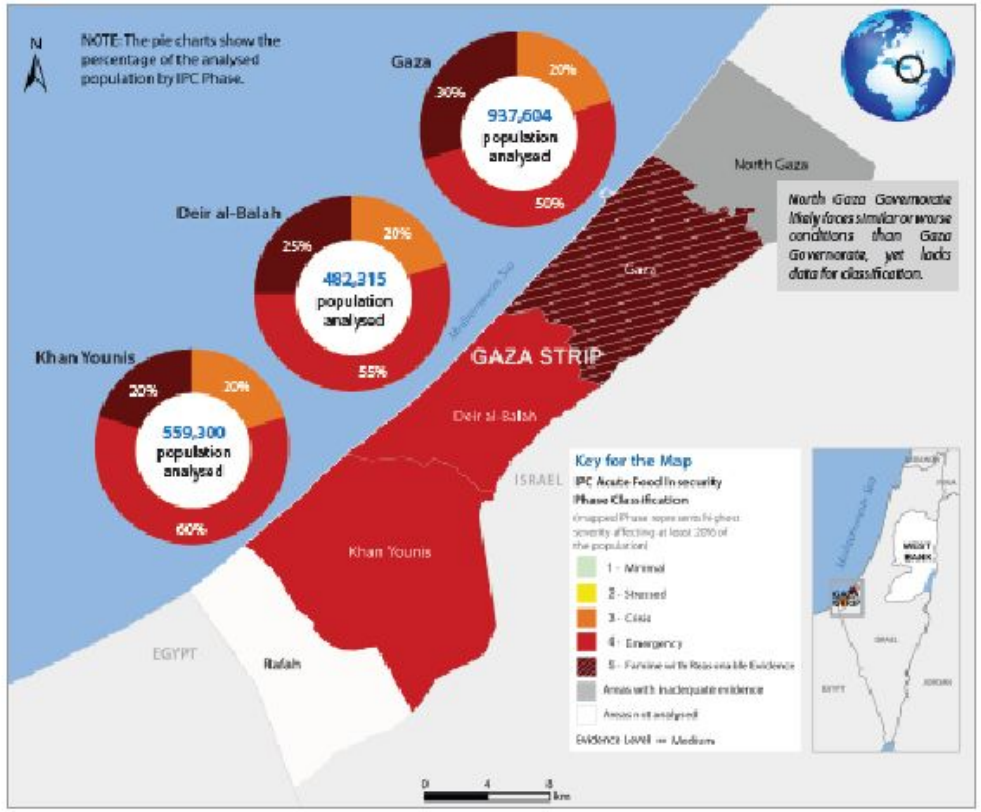
132,000

An estimated 132,000 cases of children aged 6 to 59 months are projected to suffer from acute malnutrition through June 2026, including 41,000 severe cases. An additional 55,500 pregnant and breastfeeding women and 25,000 infants require urgent nutrition support.

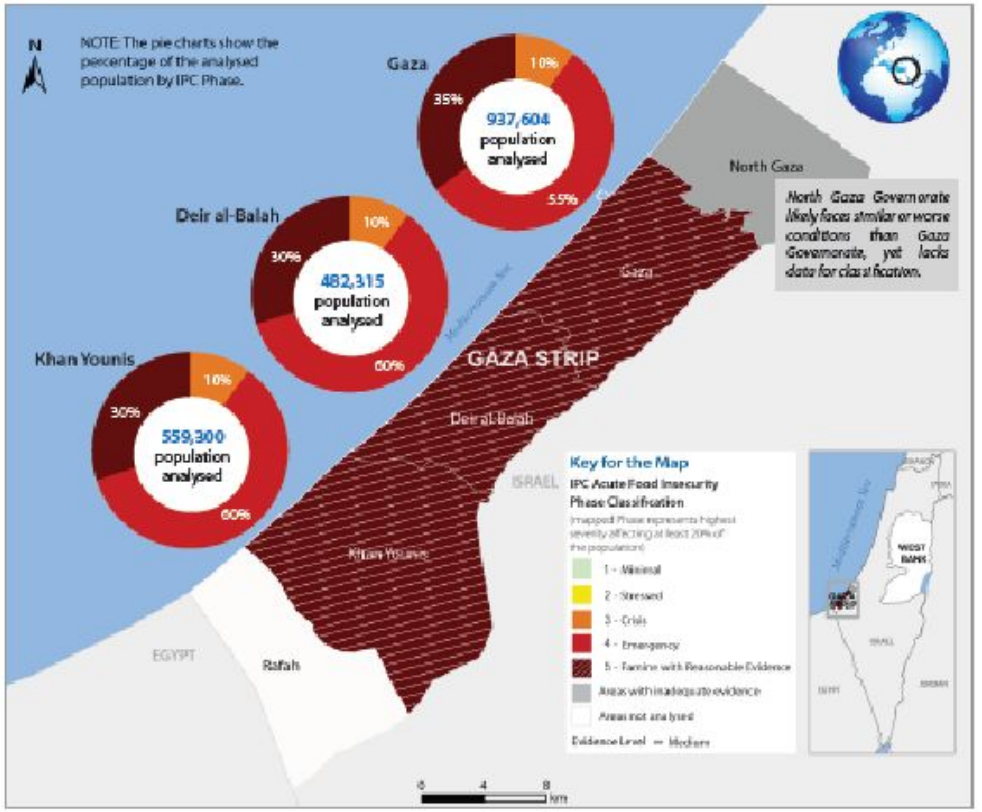
Severe Acute Malnutrition
Moderate Acute Malnutrition

Due to a lack of data, North Gaza—home to an estimated 121,500 people—could not be classified. As a result, the figures presented above are an underestimate, reflecting only the population analyzed and classified in Gaza, Deir al-Balah, and Khan Younis governorates.

Current Acute Food Insecurity | 1 July - 15 August 2025



Projected Acute Food Insecurity | 16 August - 30 September 2025



Some areas are classified under Acute Food Insecurity IPC Phase 4 (Emergency), despite more than 20 percent of households being in IPC Phase 5 (Catastrophe). Households may be in IPC Phase 5 (Catastrophe), but the area as a whole may not be classified as IPC Phase 5 (Famine) if widespread deaths and acute malnutrition are not expected to occur at the area level, in line with IPC criteria.

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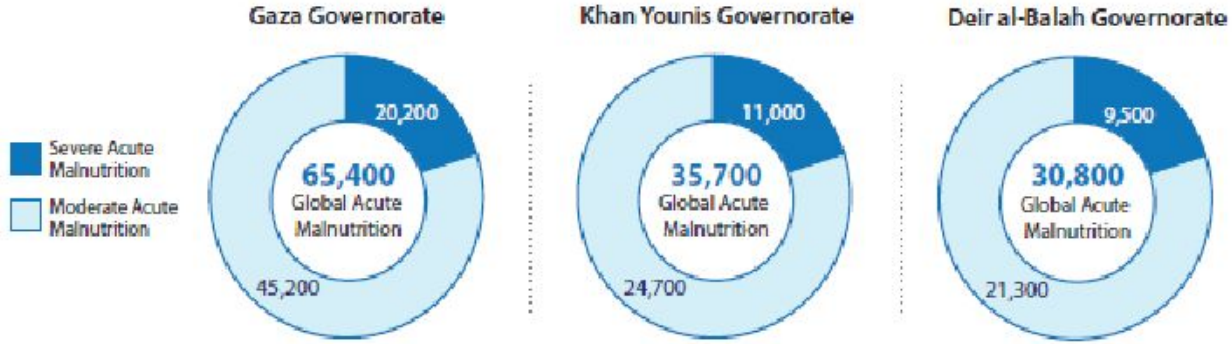
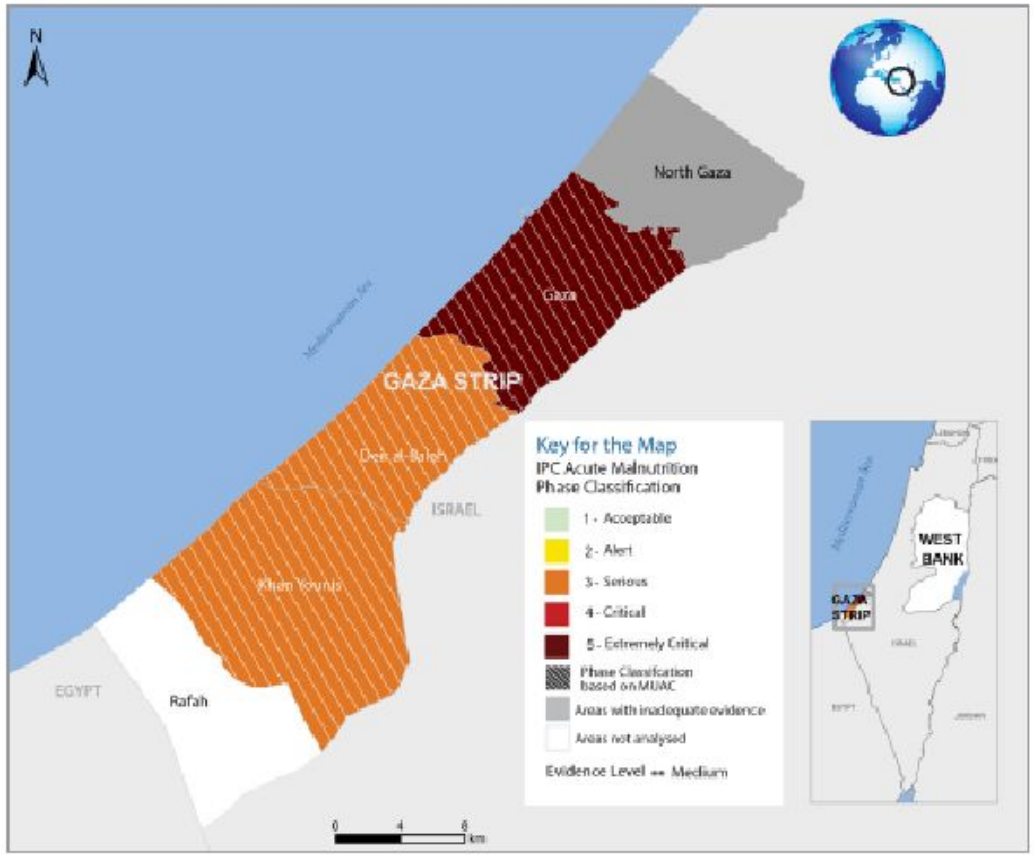


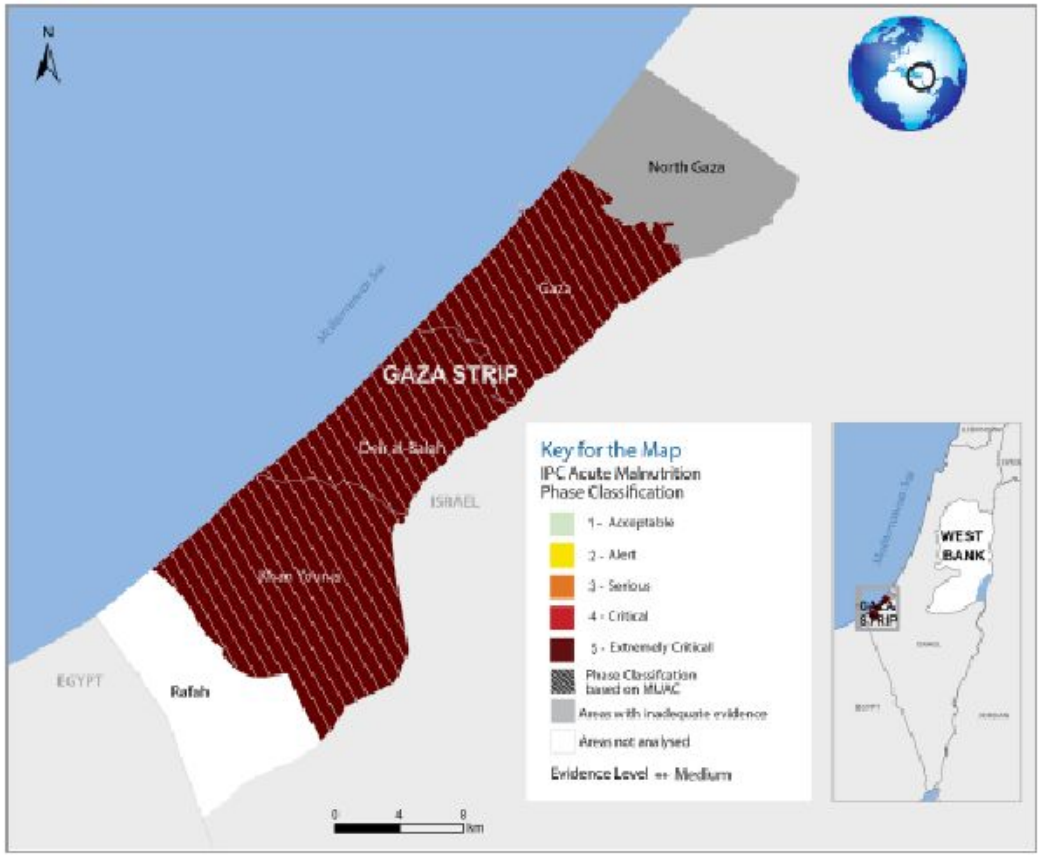
55,500

An estimated 55,500 pregnant and breastfeeding women are suffering from acute malnutrition and require urgent nutrition response.

Current Acute Malnutrition | 1 July - 15 August 2025



Projected Acute Malnutrition | 16 August - 30 September 2025



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Famine Review Committee Conclusions

- This is **the fifth time** the Famine Review Committee (FRC) has been called to review an analysis on the acute food security and nutrition situation in the Gaza Strip.

- **Never before** has the FRC had to return so many times to the same crisis; a stark reflection of how suffering has not only persisted but intensified and spread until famine has begun to emerge.

- The FRC has determined that IPC Phase 5 (Famine) is currently occurring in the Gaza Governorate.

- Furthermore, the FRC projects Famine (IPC Phase 5) thresholds to be crossed in Deir al-Balah and Khan Younis Governorates in the coming weeks.

- The FRC finds the severity of conditions in North Gaza similar or worse than in Gaza Governorate. However, due to limited evidence on the population in this area, the FRC recommends not to classify North Gaza.

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Famine Review Committee Conclusions

- Constant cycles of increased humanitarian access followed by severe restrictions, together with stark disparities among vulnerable populations, have left many at a **heightened risk of a rapid collapse in health and nutrition**. The international community **can no longer afford to be diverted by short-term, marginal improvements.** The scale of the crisis demands a sustained, large-scale, multi-sectoral response.

- Widespread human suffering is present across the Gaza Strip and **the killings of civilians seeking food continue.** Increasing reports of malnutrition-related deaths suggest that the most vulnerable in society are beginning to succumb. This trend is expected to increase amongst **vulnerable groups such as children, the elderly, and people with chronic diseases**, before spreading to the wider population.

- **As this Famine is entirely man-made, it can be halted and reversed.** The time for debate and hesitation has passed, starvation is present and is rapidly spreading.

- If an immediate and sustained ceasefire is not implemented to allow humanitarian aid to reach everyone in the Gaza Strip, and if essential food supplies, and basic health, nutrition, and WASH services are not restored immediately, **avoidable deaths will increase exponentially**.

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Famine Review Committee Conclusions

For Senior Decision Makers and Resource Partners

In contrast to the previous four FRC reports, this report makes only two main recommendations:

- Act without delay to put in place an **immediate humanitarian response at a large enough scale** to prevent further deepening of suffering and avoidable mortality from this entirely man-made catastrophe. There should be no equivocation, no doubt, and no excuse for inaction. **Partial and temporary relaxations of restrictions have been repeatedly implemented** in response to previous reviews and alerts, only for restrictions to be reapplied as international attention has turned elsewhere. Failure to act decisively now will result in an avoidable escalation of a catastrophe.

- Exert maximum pressure to achieve a **ceasefire**. This is necessary to allow for restoration of essential, lifesaving services at the scale required to revert famine conditions.

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Famine Review Committee Conclusions

For the Humanitarian Country Team

The FRC acknowledges that the following recommendations depend on the capacity and ability of the HCT to fulfil their mandate, which requires an enabling environment and support from senior
decision-makers and resource partners.

- An immediate, at-scale multi-sectoral response is needed. **Food alone will not solve the issue,** ensuring access to food and other essential items and services, including **health, nutrition, shelter, WASH, livelihood assistance, and fuel and cooking gas** is necessary. Attention should also be given to other population groups, such as **older children and elderly**.

- As very severe cases of starvation and malnutrition are becoming more prevalent, attention should be given to the possibility of **refeeding syndrome** occurring during malnutrition treatment or if large quantities of food are rapidly consumed by a previously starved population. **Guidance should be prepared and made available** to staff and the general population on the need for cautious refeeding of people in these circumstances.

- Facilitate the **safe collection of representative data** on the health, nutrition and mortality of

Famine Review Committee Conclusions

For the IPC analysis team and Humanitarian Information Systems and Data Collection and Analysis

The FRC acknowledges the advancements on reporting, monitoring and data analysis done by partners in a volatile and difficult context.

- Urgent steps should be taken to allow for a **full humanitarian assessment of North Gaza** governorate.

- **Food security surveys and nutrition data collection** should be strengthened by:
  - Continuing to improve enumerator training and field supervision
  - Reviewing the Household Hunger Scale (HHS) questionnaires and ensuring Arabic translations are consistent between different organisations
  - Investigating reasons for the divergence in results obtained from FCS and HHS questions

- **MUAC screening data** should be complemented by improved descriptions of the characteristics of participants, to allow for appropriate interpretation of results, particularly as Blanket Supplementary Feeding Program (BSFP) shut down due to stockouts.

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How is Famine Classified?

Famine (IPC Phase 5) is the highest phase of the IPC Acute Food Insecurity scale, and is classified when an area has:

20%
of households facing an **extreme lack of food**

30%
of children suffering from **acute malnutrition***

2 or 4 DEATHS
non-trauma deaths **for every 10,000 each day**

*or 15% GAM by Mid-Upper Arm Circumference (MUAC) with evidence of rapidly worsening underlying drivers of acute malnutrition.

- **Famine with solid evidence:** An area is classified in Famine with solid evidence if there is clear and compelling evidence that the Famine thresholds for starvation, acute malnutrition and mortality have been reached.
- **Famine with reasonable evidence:** An area is classified in Famine with reasonable evidence if there is clear evidence that two of the three thresholds for starvation, acute malnutrition and mortality have been reached, and analysts reasonably assess from the broader evidence that the threshold from the third outcome has likely been reached.

For further information on how the IPC classifies Famine, please consult the IPC Famine Fact Sheet.

Acute Food Insecurity phase name and description

Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality; or • are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation	Households have an extreme lack of food and/or are unable to meet other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine classification, an area needs to have extreme critical levels of acute malnutrition and mortality.)

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IPC
Integrated Food Security Phase Classification
Evidence and Standards for Better Food Security and Nutrition Decisions

30 August 2025

Response to Issues Raised Following IPC's Famine Classification in the Gaza Strip

Following the IPC analysis published on 22 August 2025, which classified Famine in Gaza Governorate and projected its expansion to Deir al-Balah and Khan Younis Governorates by the end of September 2025, several issues have been raised to the IPC initiative.

These issues should not divert attention from the most critical matter of stopping the Famine, preventing it from spreading further, and averting further loss of life and catastrophic suffering in the Gaza Strip. Immediate action is imperative. Lives depend on it.

https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/Response_to_Issues_Raised_Following_IPC_Famine_Classification_in_the_Gaza_Strip.pdf

Continuous inter-cluster Famine response efforts

- To highlight activities relevant to Famine response in existing plans and ongoing response (ex: preparedness plan for military operation escalation in the north, and ceasefire plan) since alarm raised months ago.
- To maintain, and if possible, scale up (with more supplies & improved access) **multi-sectoral efforts in the volatile context** – ex: cooked meal provision (including to health facilities), WASH in kitchens, health and nutrition sites, nutrition service referral/integration, disease surveillance/response, Medevac.
- To work towards **blanket coverage in nutrition & food assistance** with the more vulnerable groups first.
- To immediately **expand SAM treatment** capacity following increased needs for management of acute malnutrition and preventive services since last IPC in May (double to triple burden)
  - Opening additional SAM stabilization centers (SCs) and scale up outpatient care (children and PBW)
  - Finalize malnutrition treatment protocol for older children and adults and provide services
  - Finalize protocol for refeeding syndrome
- To promote home gardening and community oven initiatives to address severe cooking energy gaps and diversify household diets
- if market stabilizes, **sectoral cash & voucher assistance (CVA) and MPCA**.
- To strengthen **real-time monitoring and analysis systems** as well as other data collection, such as

Continuous inter-cluster Famine response efforts *(continued)*

- To reaffirm existing advocacy asks
  - Scale up commercial entry with a focus on nutritious food (ex: fresh produce and items fortified with nutrients) and hygiene items
  - Ensure entry of sufficient food, nutrition and medical supplies as well as WASH supplies (ex. engineering spares, consumables and materials for water production & distribution, sewage & solid waste management and sanitation)
  - Resume entry of cooking gas after more than five months
  - Ensure continuous fuel supply and emergency fuel stock capacity
  - Facilitate INGO registration, ensuring not being de-registered
  - Ensure humanitarian facilities and staff are safe to operate, not a target

Expansion Plan: Inpatient Management of Severe Acute Malnutrition (SAM) in Gaza Strip

- The Gaza Strip faces a catastrophic humanitarian crisis with the entire population experiencing acute food insecurity and a collapsing public health system.
- This expansion plan outlines our strategy to address the projected 41,000 cases of severe acute malnutrition (SAM) among children under five from July 2025 to June 2026, with additional cases expected in North Gaza in addition to children below 6 months (10%) and children above 5 (5%).

Key Objectives

Clinical Expansion

Systematically scale up inpatient SAM services to address the anticipated influx of cases of SAM with complications from children 6-59 months, with an anticipated 10% of admissions for children below 6 months and 5% of admissions for children 5-12 years of age.

Infrastructure & Access

Increase total inpatient bed capacity at anticipated 10% of SAM will require admissions if the CMAM program could function to meet these criteria or less. Integration of SAM stabilization services into all pediatric and general hospitals.

Human Capacity

Strengthen the competencies of healthcare staff through standardized, targeted training on SAM management across all age groups.

Supply Chain Resilience

Ensure a reliable and uninterrupted pipeline of essential therapeutic foods, medicines, and medical equipment to support expanded operations.

Integrated Care

Embed psychosocial support and infant and young child feeding (IYCF) counseling into standard treatment protocols.

Children in Need: Assessment by Governorate

Our analysis shows the distribution of SAM cases across Gaza's governorates, with projections for complications requiring inpatient care:

Governorate	Population	Number of SAM	SAM with complications (10%)	Current SCs	Current beds	New SCs needed	New beds needed
North Gaza	44,00	0	104	0	0	3	3
Gaza	964,206	19033	2245	2	18	68	50
Deir al Balah	494,523	9761	1151	2	15	35	20
Khan Younis	618,356	12206	1440	1	10	43	33
Rafah	0	0	0	0	0	0	0
Total	**2,100,719**	**41,000***	**4940****	**5**	**43**	**149**	**106**

*These figures include additional considerations for children under 6 months (estimated +10% of cases) and children over 5 years (estimated +5% of cases), bringing the total projected need to 4,556 cases for children under 6 months and 4,795 cases for children over 5 years across all governorates.

The data clearly demonstrates the significant gap between current capacity (43 beds) and projected need (123 total beds required), highlighting the urgent necessity for this expansion plan.

Facility Expansion & Bed Capacity Plan

Our strategic expansion targets eight key facilities across three governorates to create a comprehensive network of Stabilization Centers (SCs):

1

Gaza City

- **Ranteesi Pediatric Hospital:** Expanding from 8 to 12 beds through physical ward expansion, increased staffing and supplies
- **Patient Friends Hospital:** Increasing from 10 to 15 beds while maintaining current functional capacity as baseline
- **Al Quds Hospital:** Establishing new SC unit with 20 beds, requiring full fit-out, staffing, and supply chain

2

Middle Area

- **IMC Field Hospital (Deir al-Balah):** Major expansion from 5 to 15 beds within the field hospital structure to serve large catchment area
- **Al Awda Hospital (Nuseirat):** Maintaining existing 10-bed capacity, supporting with replenished stocks
- **Al Aqsa Hospital:** Implementing integrated management approach

3

Khan Younis

- **Nasser Hospital:** Maintaining existing 10-bed capacity, supporting with replenished stocks
- **Al Kheir Hospital:** Establishing new SC unit with 20 beds to improve access in eastern and central Khan Younis
- **IMC Khan Younis Hospital/UK MED/PRCS:, EGH**

PROJECTED TOTAL BEDS: 87 (increased from current 43 beds)

Staffing & Training Plan

Our expansion requires the recruitment, allocation, and training of multidisciplinary teams for each facility, including:

- Pediatricians
- Extenders (quality control)
- Nurses
- Nutritionists
- Milk Preparers
- Psychosocial Support Officers

Training will be cascade-based, utilizing master trainers and including training kits and post-training supervision. We will target approximately 135+ staff across all facilities.

Training Modules by Region

- **Gaza City (50 staff)**
  - Advanced SAM protocols w/ complications (all ages)
  - IYCF-E: Re-lactation & management of infants <6mo
  - Children above 5
- **Middle Area (40 staff)**
  - Case management (hypoglycemia, hypothermia, dehydration)
  - Ward protocols, anthropometry, IPC
  - Milk preparation & hygiene
  - IYCF-E: Re-lactation & management of infants <6mo
  - Adolescent SAM care
  - Integrated SAM care & breastfeeding support-Aqsa
- **Khan Younis (45+ staff)**
  - Integrated SAM care & breastfeeding support
  - Case management (hypoglycemia, hypothermia, dehydration)
  - Ward protocols, anthropometry, IPC
  - Milk preparation & hygiene
  - IYCF-E: Re-lactation & management of infants <6mo
  - Adolescent SAM care

Supplies & Procurement Strategy

A predictable and robust supply chain is the most critical component for success. Procurement must be prioritized and pre-positioned.

Essential Therapeutic Foods by Governorate

SAM kits	F75 (car/ 24)	F100 (car/24)	RUTF catoons
4	9	6	104
90	187	125	2,245
46	96	64	1,151
58	120	80	1,440
-	-	-	-
198	412	274	4,940

Additional Critical Supplies

Electrolytes/Micronutrients

Vitamin A, Potassium Chloride, Magnesium Sulfate, Zinc Sulphate, Folic Acid, ORS, ReSoMal (Based on WHO SAM guideline kit calculations)

Medical Equipment

95 bed kits including pediatric beds, weighing scales (infant & child), height boards, MUAC tapes (all colors), glucometers & test strips, thermometers, NG tubes, syringes

Ward Support

Cooking stoves, utensils for milk preparation, IPC kits (gloves, aprons, chlorine, hand sanitizer), fuel for generators (Per facility requirement)

Fortified Biscuits/CAR-100x100g	CAR 100x100g	6000
LNS-MQ Lipid Nut. Suppl. Med 50g/CAR-300 (Plumpy doz)	CAR-300	3000
Therapeutic spread,sachet 92g/CAR-150	CAR-150	6000
Ready to use infant formula (RUIF)	pack of 24	250000
Emergency food ration,500g/CAR-24	CAR-24	7500
LNS-Preg. Breastfeeding WG, 75g/CAR-168 (plumpy mum	CAR-168	7500
F-100 Therap.milk 200ml	Milk CAN 400/CAR-24	150
F-75 Therap.milk 200ml	Milk CAN 400/CAR-24	175
ReSoMal,42g sachet for 1 litre/CAR-100	CAR-100	50
Scale,mother/child,batteries,250kg	piece	250
Length/height board,baby/child/adult	piece	250
Scale,infant,tray,20kgx5g,batteries	piece	250
HAEMOGLOBIN PHOTOMETER (HemoCue Hb 301), tropicalized, AC/4 AA battery	piece	100
TABLE EXAMINATION (UNICEF S0002171), 185 x 55 x 80 cm (LxWxH,) max 160 kg	piece	50
(HemoCue Hb 301) MICROCUVETTE, s.u., box-200	box-200	1000
(Kit PED-SAM 2020) MODULE, MEDICINES SAM	kit	50
(Kit PED-SAM 2020) MODULE, MEDICINES PED INJECTABLES	kit	50
(Kit PED-SAM 2020) MODULE, MEDICINES PED ORAL	kit	50
(Kit PED-SAM 2020) MODULE, EQUIPMENT, PART A	kit	50
(Kit PED-SAM 2020) MODULE, EQUIPMENT, PART B	kit	50
(Kit PED-SAM 2020) MODULE, MEDICINES PED Renewbales	Kit	50
Manual pediatric patient beds with mattress	piece	50
Digital weight and height scale Capacity: 300 kg Graduation (g):50 g < 150 kg > 100 g Measuring range in cm:6 - 230 cm cm Power supply:Battery, Power adapter Net weight:17.6 Functions and Properties:TARE, Auto-clear, Pre-TARE, Mother/Child function, HOLD, Auto-HOLD, Automatic switch-off	piece	250

Gaza Multi-sector Famine Response Strategy

August 2025

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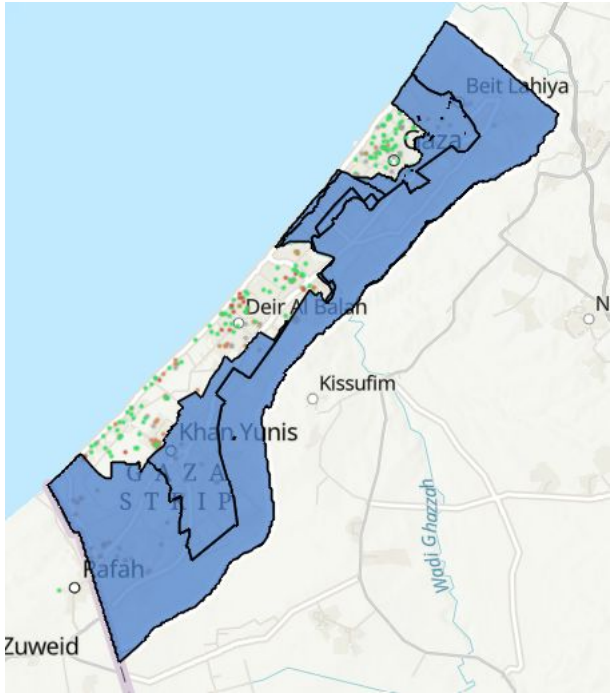
Objective

- To urgently scale up and coordinate the multi-sector famine response across the Gaza Strip to ensure timely detection, treatment, and prevention of acute malnutrition among vulnerable children and pregnant and breastfeeding women.
- **Geographic Scope:** Entire Gaza Strip.
- **Population Focus:** pregnant and breastfeeding women, children aged zero to twelve years and other vulnerable populations.



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Scenario Building

- **Assuming widespread famine, these are the operating environment scenarios:**
- **Scenario 1 (Status Quo) – Most likely scenario:** Access limited to 16 per cent of Gaza Strip with restricted humanitarian and commercial entry, widespread aid looting, severe shortages of fuel, water, and cash, ongoing civilian harm while seeking food, and deteriorating sanitation posing major public health risks. Access to safe water continues at an average of 15 l/p/d, with the most vulnerable getting much less. Poor sanitation and waste management continues to pose high public health risks to the whole population.
- **Scenario 2 (Best case scenario) – Least likely scenario:** Ceasefire agreement for 60 leading to partial military withdrawal, unrestricted flow of humanitarian aid and commercial goods, and safe return of displaced populations across Gaza.
- **Scenario 3 (Worst case scenario) – Possible scenario:** Intensified military offensive in Gaza Strip halts humanitarian operations, collapses markets and services, concentration of people in the South of the Strip and blocked commercial goods entry with loss of safe water access.

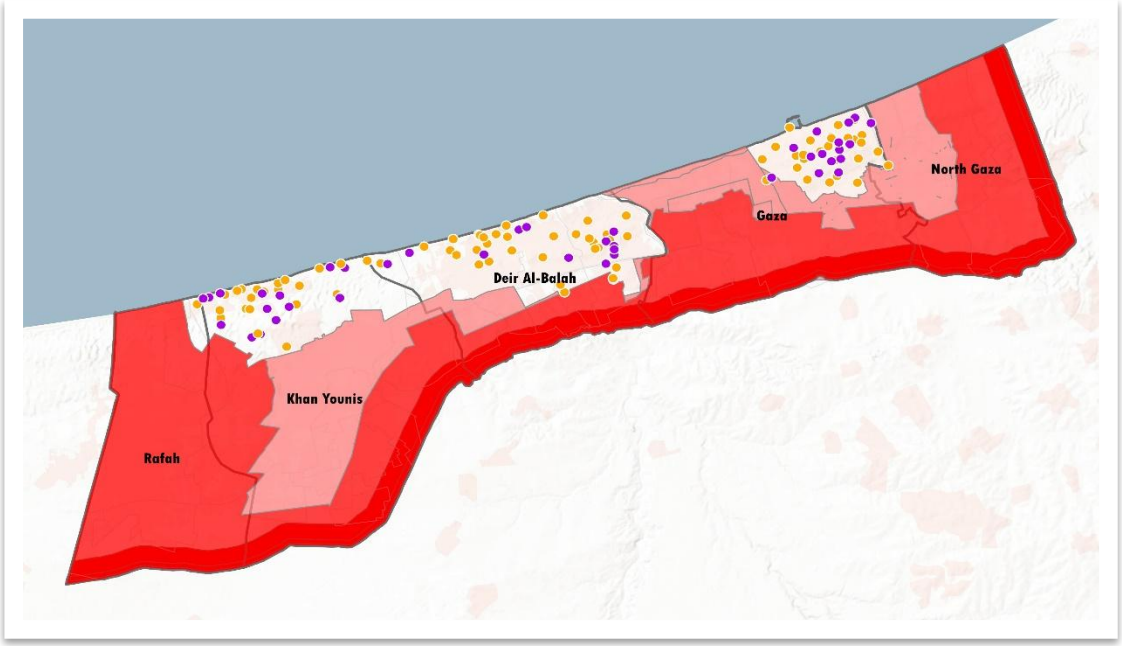

Figure 1: Accessible areas of the Gaza Strip and accessible nutrition service points (as 31 August 2025

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Expected Outcome

- **Reduced child mortality and morbidity**: Children aged 0 to 12 years and pregnant and breastfeeding women have access to critical services to respond to basic needs including lifesaving healthcare and timely identification and treatment of acute malnutrition leading to a measurable decline in preventable deaths and illness.

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Internal Coordination and Leadership

- **The internal coordination mechanism includes:**
  - **Strategic Oversight Group** (SoP CO + MENARO + HQ): Fortnightly high-level review of strategy execution, bottlenecks, and strategic risks.
  - **Operations and Programme Taskforce** (Nutrition, Health, WASH, Supply, SBC, Social Protection, Child Protection, Education and Planning): Weekly technical and operational alignment on progress, adaptation, and course correction.

External Coordination

- **External Coordination:**
- **UNICEF coordination with Cluster Partners (Nutrition, Health, WASH, Social Protection):** Timely coordination across sectors and implementing partners for supply delivery tracking and quality programme delivery and monitoring so as to ensure minimisation of potential duplications and overlaps.

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Strategic Actions

Underpinned by monitoring and reporting, actions will take place across key sectors:

- Nutrition
- Health
- WASH
- Social Protection (Cash Transfers)
- Child Protection and PSEA
- Social and Behaviour Change / Community Engagement

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Nutrition Strategic Actions

- Expand detection and treatment of acute malnutrition
- Strengthen nutrition prevention services
- Reinforce nutrition supply chain and monitoring
- Advocate for strengthened food systems

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Nutrition Information Management

- Use harmonized dashboards to track nutrition admissions, mortality, service and supply delivery gaps, and access constraints.
- Strengthen nutrition information systems to support evidence-based programme planning and improve the quality of nutrition services.
- Set up sentinel site surveillance for global acute malnutrition (GAM), malnutrition admissions, and mortality trends.
- Ensure programme monitoring triggers for response escalation, for example: 20 per cent increase in weekly SAM admissions, 25 per cent ready-to-use therapeutic food (RUTF) pipeline depletion, decline in cash access or MEB coverage.

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Health Strategic Actions

- Scale up provision of emergency health services
- Strengthen routine immunization and preparedness for outbreak response
- Strengthen health supply chain and information management

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WASH Strategic Actions

- Continue water trucking - private contractors & implementing partners
- Supplies - fuel, engine oil, spare parts, batteries and tyres for water trucks.
- Rehabilitation and operation of water systems, inc. treatment chemicals and spart parts
- IPC interventions
- Hygiene kits, construct latrines, FSM & WQM
- SBC - good hygiene practices

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Social Protection (Cash Transfers) Strategic Actions

- Expand social protection focusing on famine multi-purpose cash assistance (fMCPA) programme to reach beneficiaries with three rounds of payments over six months specifically targeting:
  - All children with SAM and MAM admitted for treatment
  - Pregnant and breastfeeding women (PBW) with a MUAC < 23 cm
- Increase the monthly MPCA cash transfer value to the newly revised 1,250 ILS and provide a minimum of three months of transfers.

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Child Protection Strategic Actions

- Provision of child protection case management to children at-risk, to include children without parental care (UASC), children with disabilities and *life changing and life-threatening injuries, children with significant MHPSS need*, child survivors of violence, and *children at high risk of harm or death* facilitating access to critical, holistic and life-saving services and assistance, ensuring the unique needs of girls and boys are addressed with dignity.
- Train health and nutrition mobile teams to identify and refer children at risk, with malnutrition, who require protection assistance and ongoing monitoring and holistic services and supports.

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SBC Strategic Actions

Phase 1: Immediate, targeted stakeholder and community engagement for life-saving operations and risk mitigation

- Expand access to life-saving information and risk mitigation through trusted community structures and digital communication, including on proper use of cash support/assistance.
- Implement targeted stakeholders and community engagement interventions to support life-saving nutrition, health, and protection services, and promote behaviours and practices that protect children and families during famine

Phase 2: Preparation for scaled community-centric aid delivery

- Strengthen partnership with communities and intensified service uptake through community-centred interventions.
- Implement sustainable community engagement (CE) interventions that enable inclusive participation, strengthen trust, and coordinate recovery efforts with UN agencies and other partners.

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Programme Monitoring

- Ensure timely monitoring and reporting across key sectors and Clusters for informed decision making and quality assurance.
- Ensure accountability to affected populations through regular community feedback and transparency on targeting criteria.
- Generate monthly SitReps to inform donors, governments, and the humanitarian community on evolving needs and response effectiveness.
- Continue monitoring of complaints and beneficiary feedback for accountability to affected populations and programme quality.
- Systematic monitoring of market functionality, access and food prices, Food Consumption Score (FCS), Reduced Coping Strategy Index (rCSI) and Household Hunger Score (HHS).

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Budget over next 12 months

	Available	Gap	Sept - Dec 2025	Jan - June 2026	July - Dec 2026	Total Required
Total	**36,294,100**	**227,855,490**	**55,191,098**	**106,882,196**	**108,982,196**	**271,055,490**

A	C	D	E	F	G	H	I	J	K
	Microplan based on Gaza Famine Scenario Based Planning (Scenario 1)								
Section	**Indicator**	**Baseline**	**Cumulative Target (Sept-Dec 2**	**Target (Sept 25-Jun 2**	**Description as of 24 Aug 25**	**Progress #**	**Narrative update (on track, off track, further detai**	**Updated b**	**Date of Update**
Nutrition	# weekly admissions (SAM and MAM) data received from UNICEF-supported partners.	-	16		Use harmonized dashboards to track nutrition admissions, mortality, service and supply delivery gaps, and access constraints.	on track	Ismail to follow-up with Cluster partners to increase frequency of reporting. Further context required to support the data reported to the cluster. Triangulation of admission data with health, WASH and food security. Cash transfer beneficiaries data triangulation.	Ciara	31-Aug
Nutrition	# Monthly sentinal site surveillance reports received, analysed and presented	-	4	10	ACF is contracted to do this work across 18 sentinal sites each month, targeting 100 children each month per site. UNICEF will receive and review the date each month and use it for decision making. ACF will present the data each month to UNICEF. Ministry of Interior clearance is confirmed. First report should be available by the end of September	on track	no immediate action required, ACF requested support with additional fuel, UNICEF is providing. Data collection started Wednesday 27 Aug, two sites piloted, feedback shared with ACF, activity to continue this week.	Ciara	31-Aug
Nutrition	# warehouse visits conducted by UNICEF Extenders	-	40	450	UNICEF Extenders lead conducting warehouse visits, there are currently 10 extenders, so at minimum, each extender should conduct one WH visit a week.	on track	Weekly tracking of partners online, monthy physical warehouse visit by Extenders.	Ciara	31-Aug
Nutrition	# weekly nutrition supply status reports submitted	1	10	48	UNICEF Nutrition team will rely on recruitment of a dedicated nutrition supply officer to support this activity		Weekly report base on partner questionnarires responses shared within section and with management for action.	Ciara	31-Aug
Social Pol	# of SAM cases referred by Health & Nutrition section and reached with MPCA	-			UNICEF H&N team to coordinate and rely on Nutrition IPs, MoH & UNRWA who are doing screening and treatment for all malnutrition cases.	ongoing	The referrals have began to be shared and it is ongoing.		
Social Pol	# of MAM cases referred by Health & Nutrition section and reached with MPCA	-			UNICEF H&N team to coordinate and rely on Nutrition IPs, MoH & UNRWA who are doing screening and treatment for all malnutrition cases.	ongoing	The referrals have began to be shared and it is ongoing.		
	# of PBW with MUAC <23cm cases referred				UNICEF H&N team to coordinate and rely on Nutrition IPs, MoH &				

CVA for Nutrition Advisor Technical Support

- Dates: **1 Sept – 30 Nov 2025**
- Estimated Duration **40 days over 3 months**
- Funded by: **GAC, under the Global Nutrition Cluster**
- Coverage: **Gaza & West Bank**
- Reporting to: Perrine Loock
- Close collaboration with : CWG, FSS, Wash, Health…

In partnership with Canada

Global NUTRITION CLUSTER

Phase I – 30 days

- Landscape analysis (Gaza & West Bank)
- Consultations and desk review (project documents, 5ws, PDMs, lessons learnt)
- Cash for Nutrition Taskforce membership & roles
- Gap analysis and Potential CVA for nutrition approaches (Gaza & West Bank)
- Validation workshop

Phase II – 10 days

- Prioritisation of technical support needs with Taskforce (MEB, MEAL, targeting, modality etc)
- Development of selected technical documents (to be agreed)
- Recommendations & action plan (for continuation post-consultancy)
- End of Mission Report

Draft Guiding questions

Financial Barriers & Needs

• What are the financial barriers to malnutrition in Gaza and the West Bank?
• What are the other essential needs linked to malnutrition that CVA may cover?

Potential Use of CVA

• Can CVA be used for prevention, access to nutritious food, access to treatment, and coverage of indirect costs?
• Would these uses be appropriate in Gaza and the West Bank?

Inter-Cluster Collaboration

• How should Nutrition, Food Security, and CWG collaborate?
• How can referrals and coordination mechanisms be strengthened?

Existing Interventions & Evidence

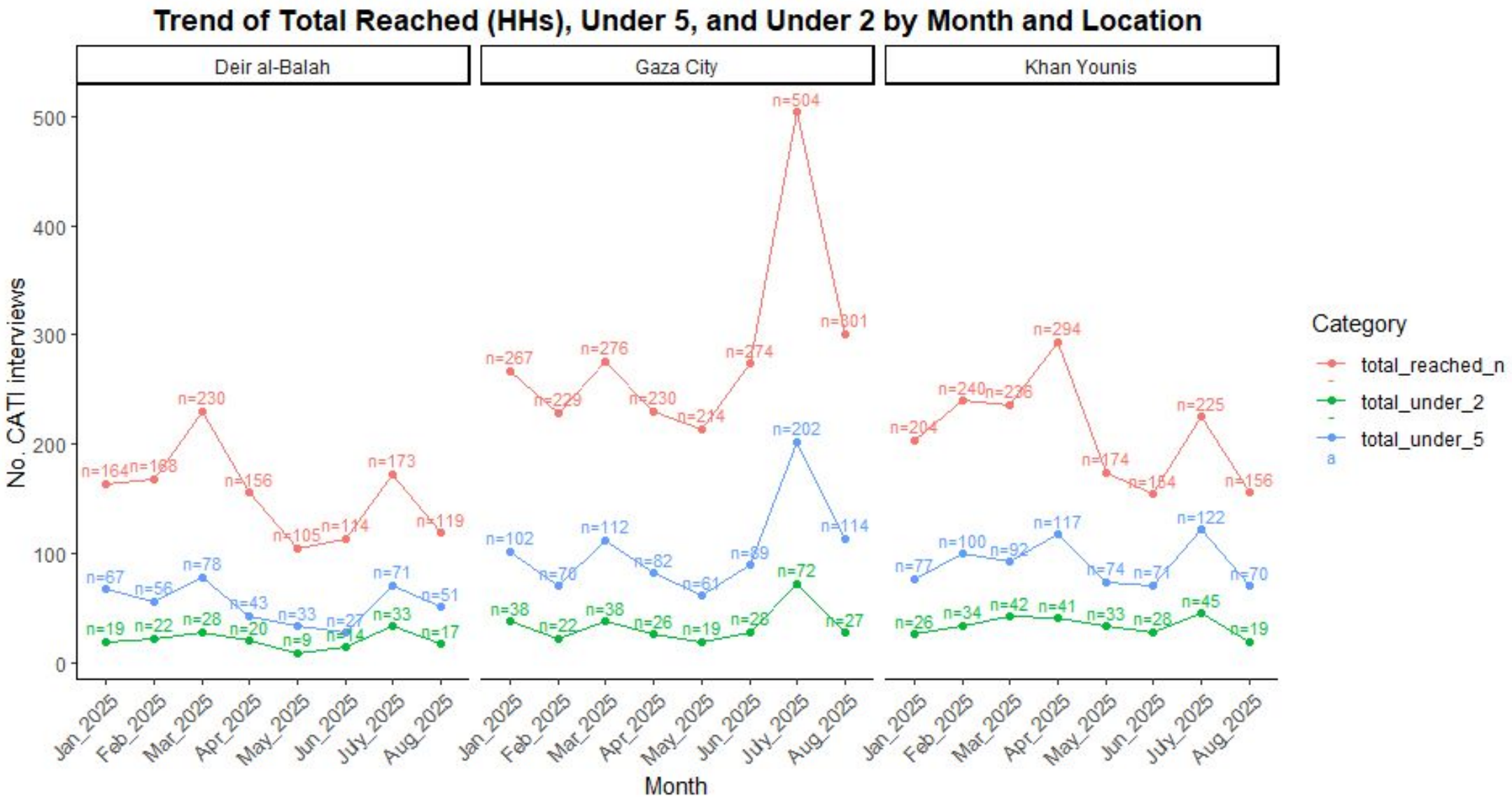
• What is being implemented and where?
• Who implements and what are the current capacities?
• What have we learned? Evidence from PDMs, project documents, etc.
• Are some population groups underserved or not targeted?

Design & Methodology

• What should be the transfer value?
• Should it be combined with other modalities?
• What is the right targeting approach?

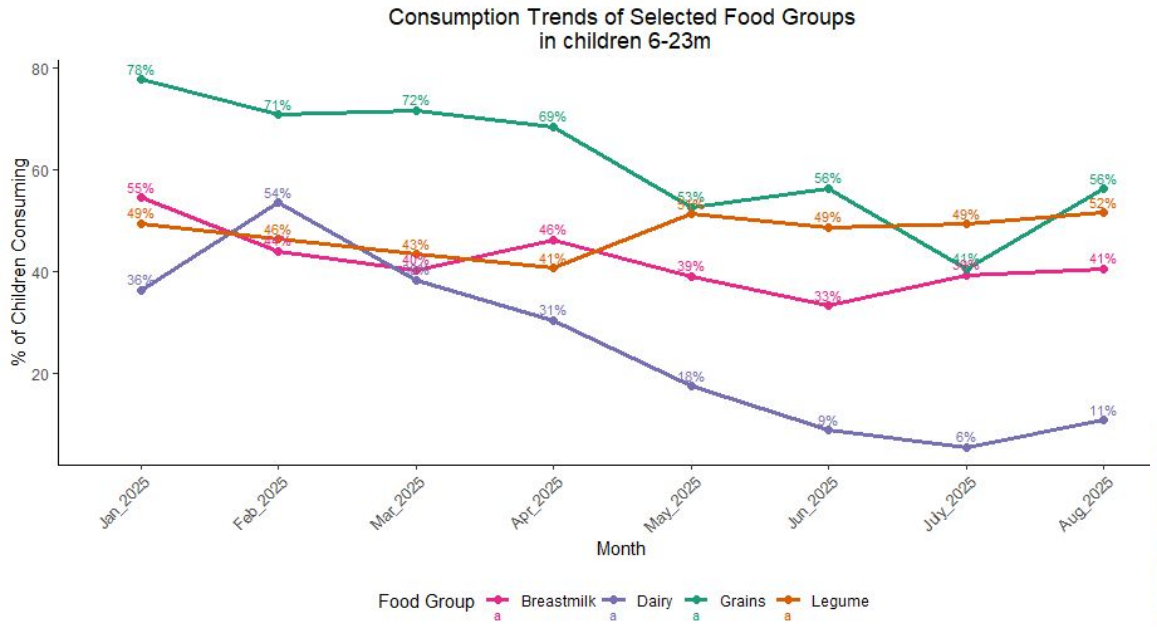
CATI analysis
January – August 2025
(nutrition-sensitive questions)

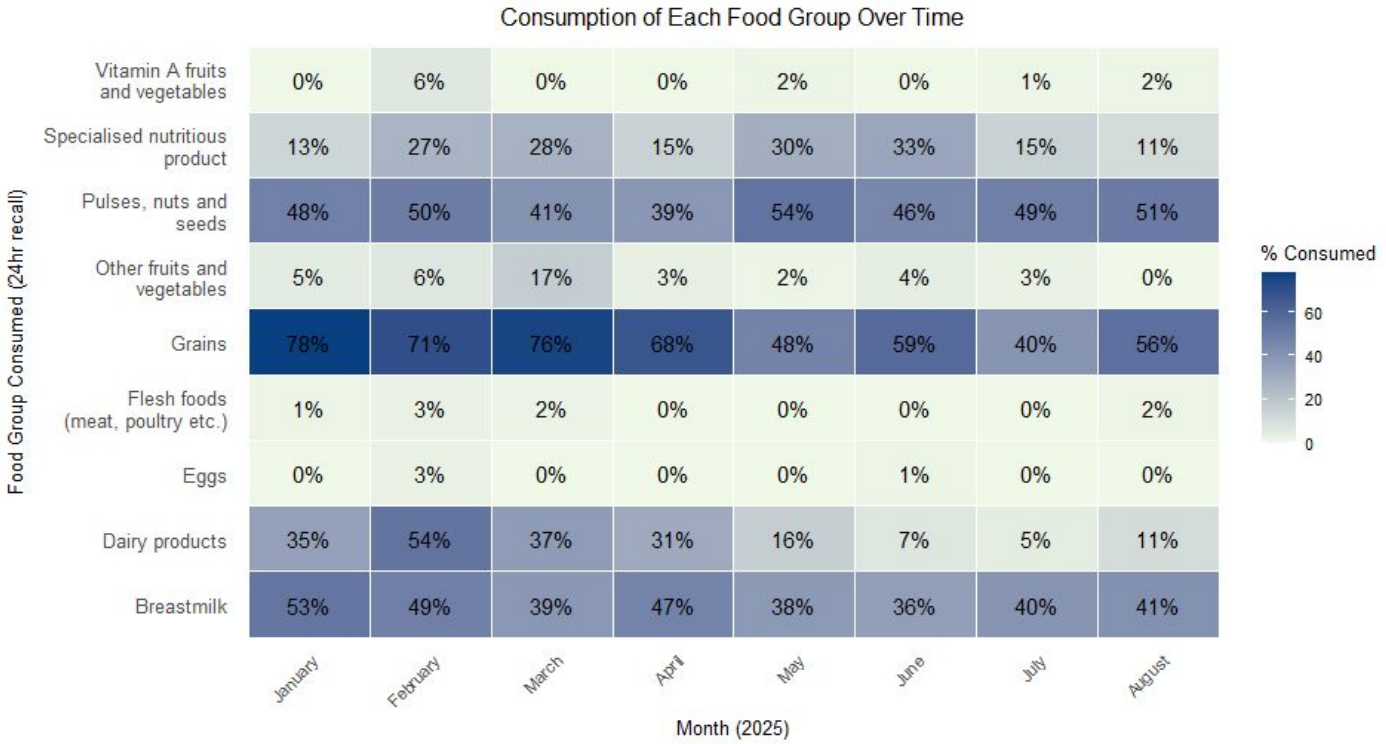
Trends January – August 2025



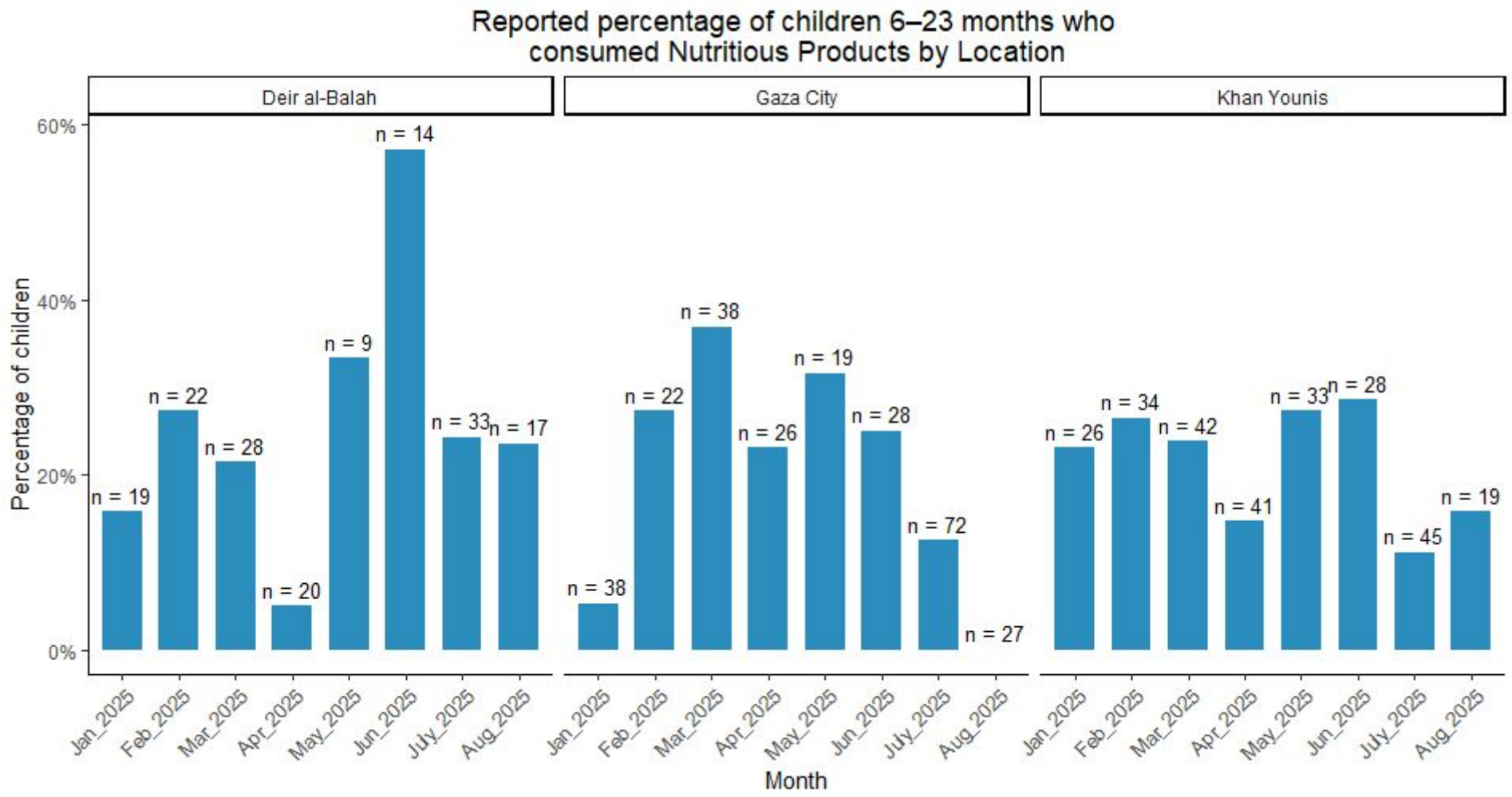
Mean MDD monthly by area

Trend of different food groups

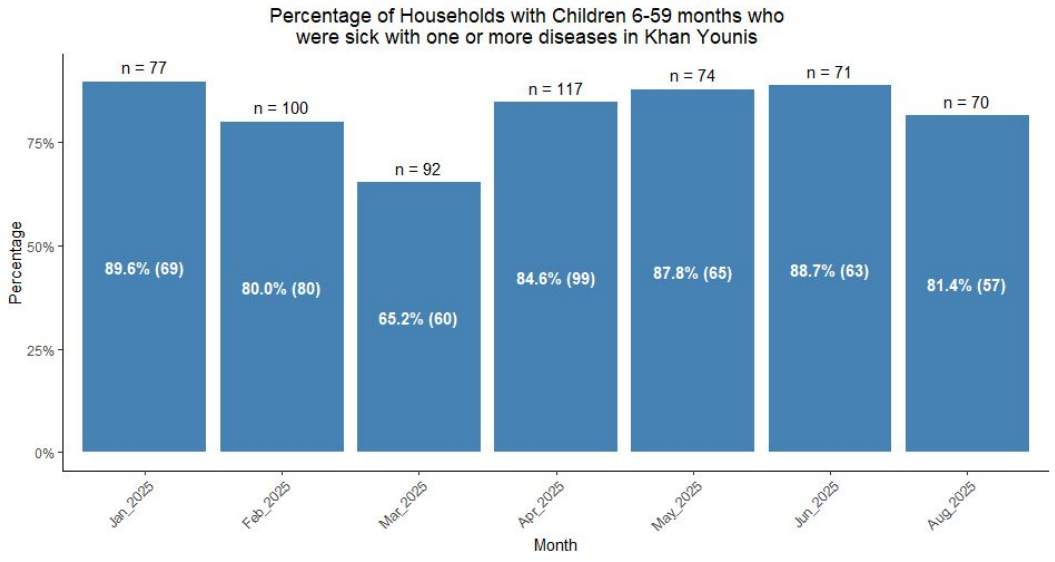


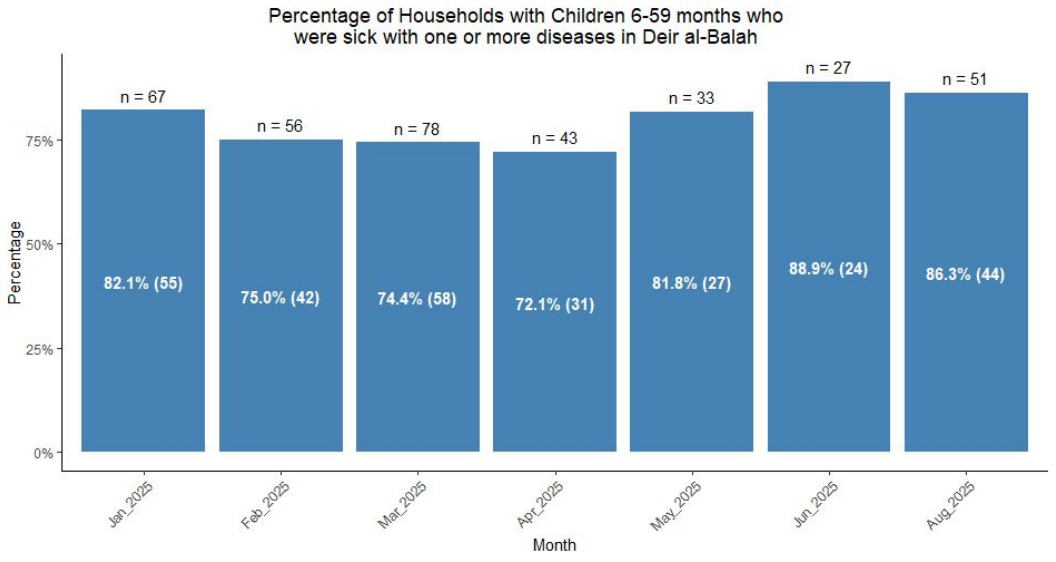

Consumption of Each Food Group Over Time
Food Group Consumed (24hr recall)
Vitamin A fruits and vegetables 0% 6% 0% 0% 2% 0% 1% 2%
Specialised nutritious product 13% 27% 28% 15% 30% 33% 15% 11%
Pulses, nuts and seeds 48% 50% 41% 39% 54% 46% 49% 51%
Other fruits and vegetables 5% 6% 17% 3% 2% 4% 3% 0%
Grains 78% 71% 76% 68% 48% 59% 40% 56%
Flesh foods (meat, poultry etc.) 1% 3% 2% 0% 0% 0% 0% 2%
Eggs 0% 3% 0% 0% 0% 1% 0% 0%
Dairy products 35% 54% 37% 31% 16% 7% 5% 11%
Breastmilk 53% 49% 39% 47% 38% 36% 40% 41%
January
February
March
April
May
June
July
August
Month (2025)
% Consumed
60
40
20
0

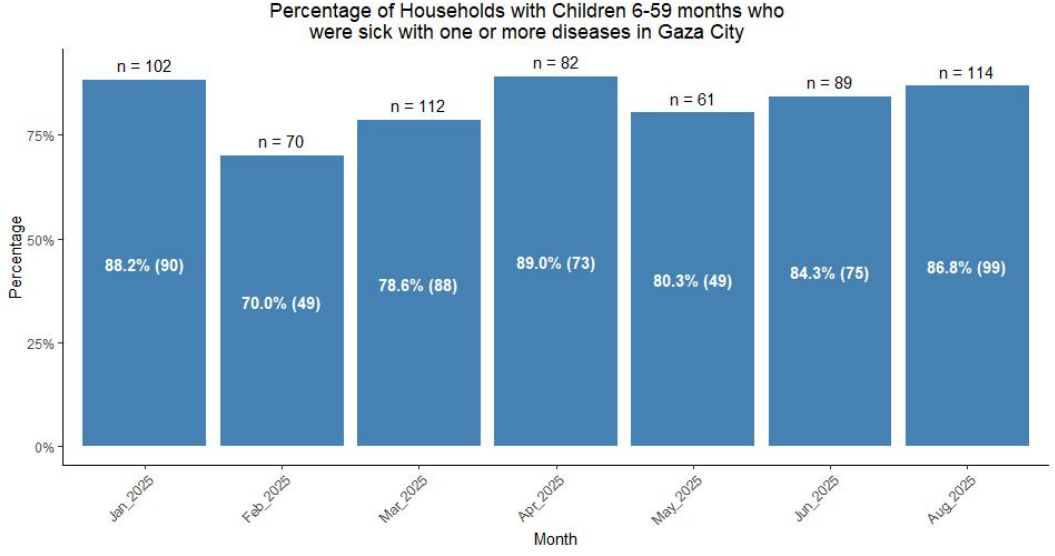
Nutritious Product – reported consumption



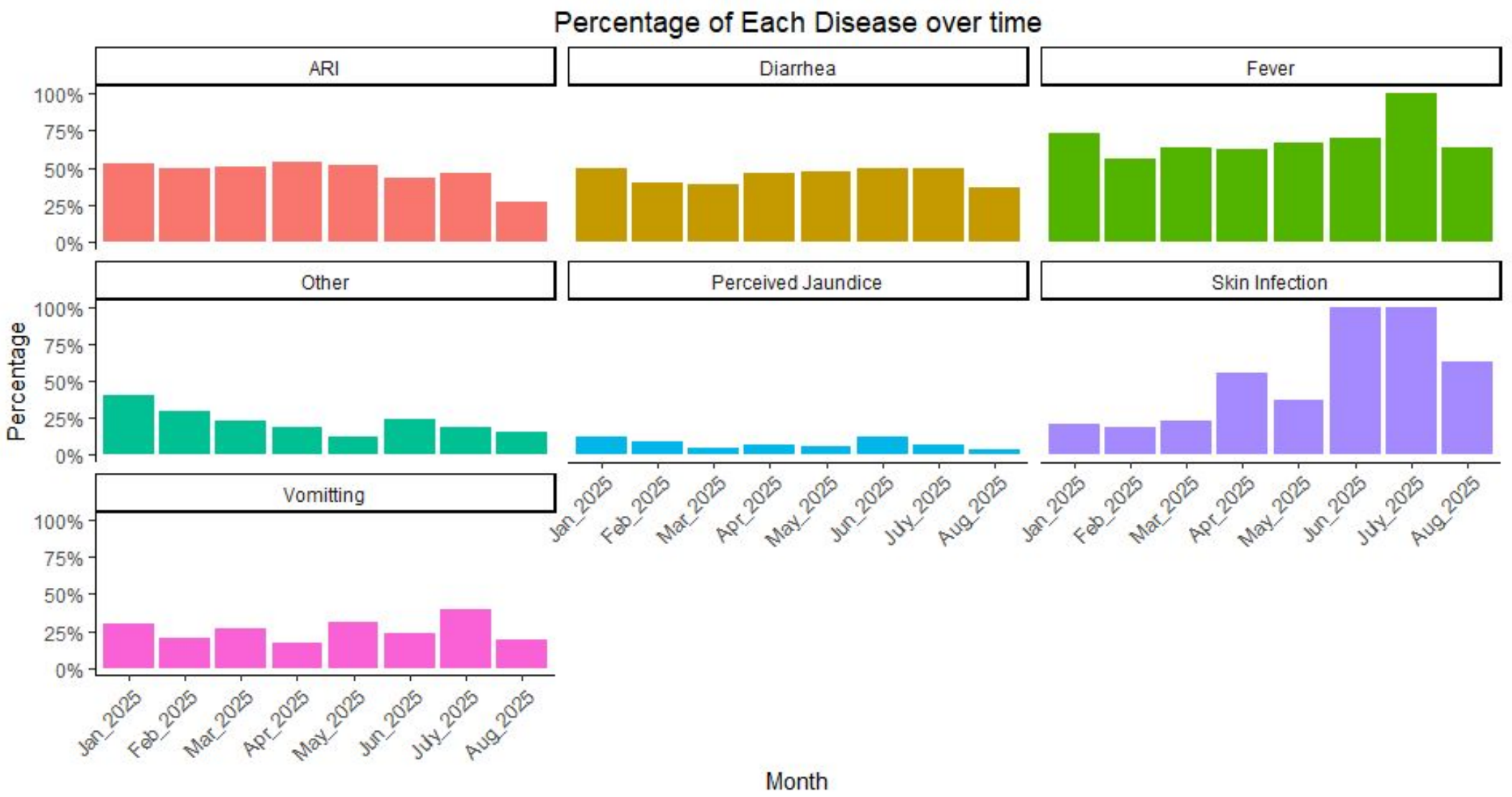
Trend of households with sick child (6-59m)



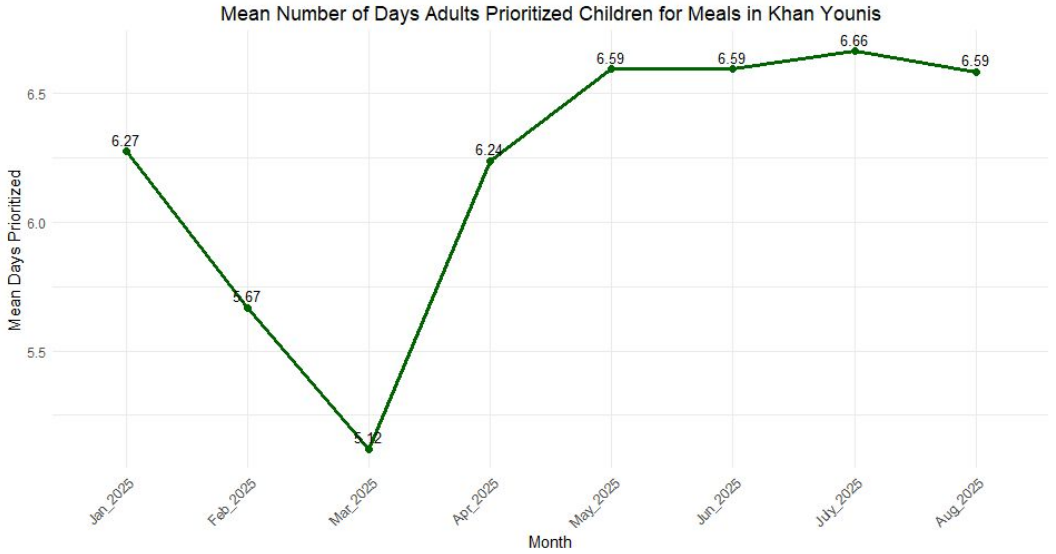


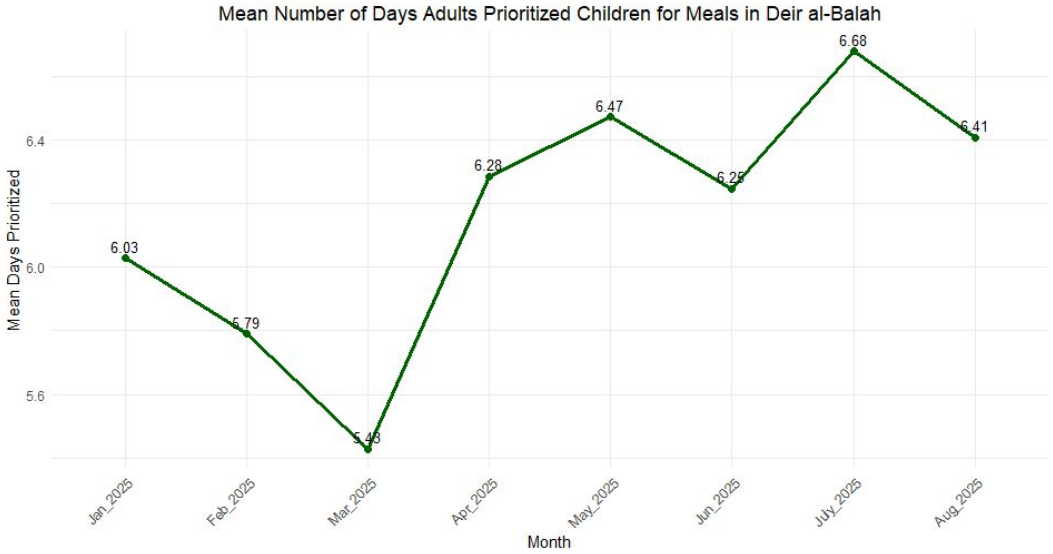


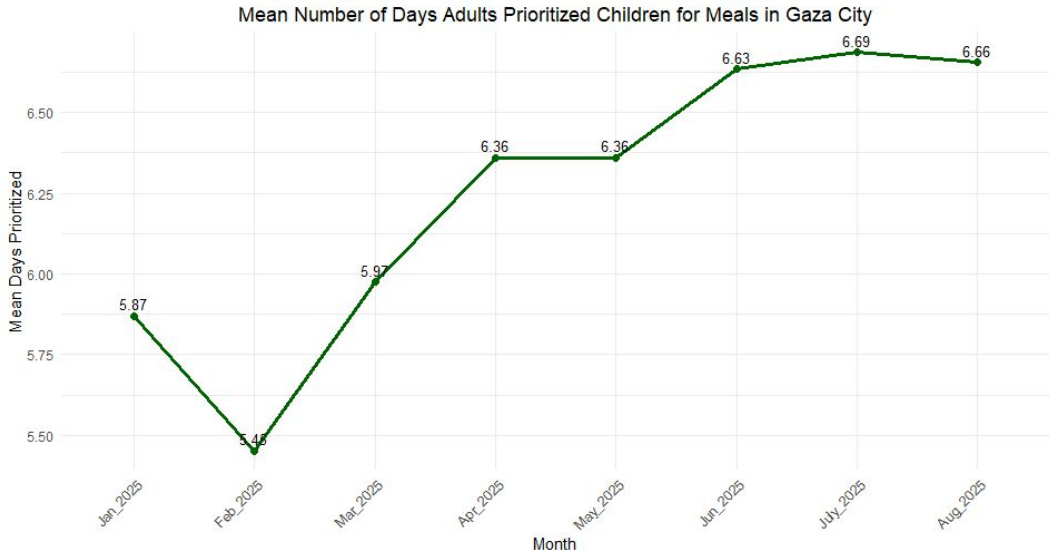
Overall disease (household level)



Child prioritisation







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Partners updates & AOB

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Thank you!

For general inquiries: SoP.nutrition.cluster@gmail.com